

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼**Example: If typing, type  
over the lines

Rob Miller for Congress 2008

ADDRESS (number and street)  
▼

219 Scott's Street

☐Check if different  
than previously  
reported. (ACC)

Beaufort

SC

29902

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00446559

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

SC

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Joan Hitt-Algar

Signature of Treasurer

Electronically Filed by Ms. Joan Hitt-Algar

Date

06

23

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Rob Miller for Congress 2008

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	12066.66	18491.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12066.66	18491.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	16034.28	16321.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16034.28	16321.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4411.07	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	220000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Rob Miller for Congress 2008

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

11541.66

15591.66

(ii) Unitemized.....

525.00

1300.00

(iii) TOTAL of contributions

12066.66

16891.66

from individuals..... ►

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

1600.31

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

12066.66

18491.97

(add Lines 11(a)(iii), (b), (c), and (d))

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.).....

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

3257.53

3336.12

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ►**

15324.19

21828.09

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16034.28	16321.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16034.28	16321.06

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5121.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	15324.19
25. SUBTOTAL (add Line 23 and Line 24).....	20445.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16034.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4411.07

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rob Miller for Congress 2008

**A.**

Full Name (Last, First, Middle Initial)

MAX DENT

Mailing Address 1900 Cofield Dr

City

West Columbia

State

SC

Zip Code

29169-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

Transaction ID: C4128350

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's DepotOccupation  
Co-Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11291.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: C4090906

Amount of Each Receipt this Period

11000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's DepotOccupation  
Co-Owner

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11291.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	9

Transaction ID: C4134964

Amount of Each Receipt this Period

192.00

\* In-Kind: Campaign mail  
service

SUBTOTAL of Receipts This Page (optional) .....

11442.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rob Miller for Congress 2008

**A.**

Full Name (Last, First, Middle Initial)

Robert Lauransom Miller

Mailing Address 7 Fraser Street

City

Ladys Island

State

SC

Zip Code

29907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Recruit's DepotOccupation  
Co-Owner

Receipt For: 2008

☐ Primary
 ☒ General
   
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11291.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	9	

Transaction ID: C4134963

Amount of Each Receipt this Period

99.66

\* In-Kind: Payment to phone company

SUBTOTAL of Receipts This Page (optional) .....

99.66

TOTAL This Period (last page this line number only) .....

11541.66

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rob Miller for Congress 2008

**A.**

Full Name (Last, First, Middle Initial)

LUC Media

Mailing Address 25 Whitlock Place

City

Marietta

State

GA

Zip Code

30064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

3257.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

Transaction ID: C4134967

Amount of Each Receipt this Period

3257.53

SUBTOTAL of Receipts This Page (optional) .....

3257.53

TOTAL This Period (last page this line number only) .....

3257.53

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
 Rob Miller for Congress 2008

**A.**

Full Name (Last, First, Middle Initial)  
 Jeff M. Glas

Mailing Address 2308 Avonlea Way

City Gainesville State GA Zip Code 30504

Purpose of Disbursement  
 Finance Staffing

Candidate Name

001  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D212138

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

550.00

**B.**

Full Name (Last, First, Middle Initial)  
 Howard N. Mead

Mailing Address 1277 Oakdale Road

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
 TV Comercial Production

Candidate Name

004  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D210309

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

12000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Robert Lauransom Miller

Mailing Address 7 Fraser Street

City Ladys Island State SC Zip Code 29907

Purpose of Disbursement  
 Payment to phone company

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D214740

Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

99.66

\* In-Kind Received

**SUBTOTAL** of Disbursements This Page (optional) .....

12649.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Lauransom Miller Mailing Address 7 Fraser Street	<b>Transaction ID:</b> D214741 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City State Zip Code Ladys Island SC 29907 Purpose of Disbursement Campaign mail service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>192.00</div> <b>* In-Kind Received</b>
<b>B.</b> Full Name (Last, First, Middle Initial) NGP Mailing Address 1225 Eye Street NW Suite 1225 City State Zip Code Washington DC 20005 Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D212137 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2600.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) NGP Mailing Address 1225 Eye Street NW Suite 1225 City State Zip Code Washington DC 20005 Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D210306 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>165.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2957.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NGP</p> <p>Mailing Address 1225 Eye Street NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D210307</p> <p><b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>125.00</div> </p> <p><b>Category/Type</b>  <div>003</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP</p> <p>Mailing Address 1225 Eye Street NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D210308</p> <p><b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>275.00</div> </p> <p><b>Category/Type</b>  <div>003</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SC Bank &amp; Trust</p> <p>Mailing Address PO Box 1287</p> <p>City Orangeburg State SC Zip Code 29116</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D212007</p> <p><b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2.62</div> </p> <p><b>Category/Type</b>  <div></div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**402.62**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Rob Miller for Congress 2008

A.

Full Name (Last, First, Middle Initial)

SC Bank & Trust

Mailing Address PO Box 1287

City  
Orangeburg

State  
SC

Zip Code  
29116

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D212008

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) .....

25.00

TOTAL This Period (last page this line number only) .....

16034.28

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L433

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 0 8

12/31/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)  
Robert Lauransom MillerName of Employer  
The Recruit's DepotMailing Address  
7 Fraser StreetOccupation  
Co-Owner

City Ladys Island State SC ZIP Code 29907

Amount  
Guaranteed  
Outstanding:

60000.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

60000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L474

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
2 1Y Y Y Y  
2 0 0 8

05/21/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L505

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 8

12/31/2015

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L524

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 8

10/15/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L525

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 4Y Y Y Y  
2 0 0 8

10/15/2020

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 / 17

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Rob Miller for Congress 2008

Transaction ID: L528

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert Lauransom Miller, PERS FUNDS - [PERSON-  
AL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 7 Fraser Street

City Ladys Island State SC ZIP Code 29907

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 0Y Y Y Y  
2 0 0 8

10/20/2028

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

220000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.